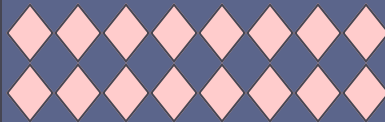


# the MSH bulletin

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Volume 19, Issue 14



*“Never yet was a springtime, when the buds  
forgot to bloom.” ~Margaret Elizabeth Sangster*

## Dr. Laura Moseng, MSH Staff Psychologist

### Co-Occurring Disorders Referral Process

As we move forward with Co-occurring Programming, a referral process has been implemented. The **Co-Occurring Disorder Flow Chart** demonstrates the process starting with the assessments at the time of the patient's admission. The flow chart outlines the assessment processes which includes an addiction assessment completed by the HSPPs. If the information that is gathered indicates there is a co-occurring disorder of substance use in conjunction with the mental illness, a URICA is completed by the HSPP to determine where the patient might be in the Stages of Change.

As with any admission, the team utilizes the assessment information from all disciplines to develop the Master Treatment Plan within 10 days of the admission and continues to assess/evaluate the patient through observation of their participation in the daily milieu.

When the treatment team has determined that the *patient is psychiatrically stable*, the Case Coordinator is responsible for referring the patient to the psycho-educational groups; the process will also include referral to the Co-occurring programming if the patient has a recent history of substance use (within 12 months of admission).

*\* Please note: referrals are to be made as soon as a patient is psychiatrically stable, and the teams should not wait until the end of the current round of psycho-educational groups to refer patients to the psycho-educational groups and co-occurring programming.*

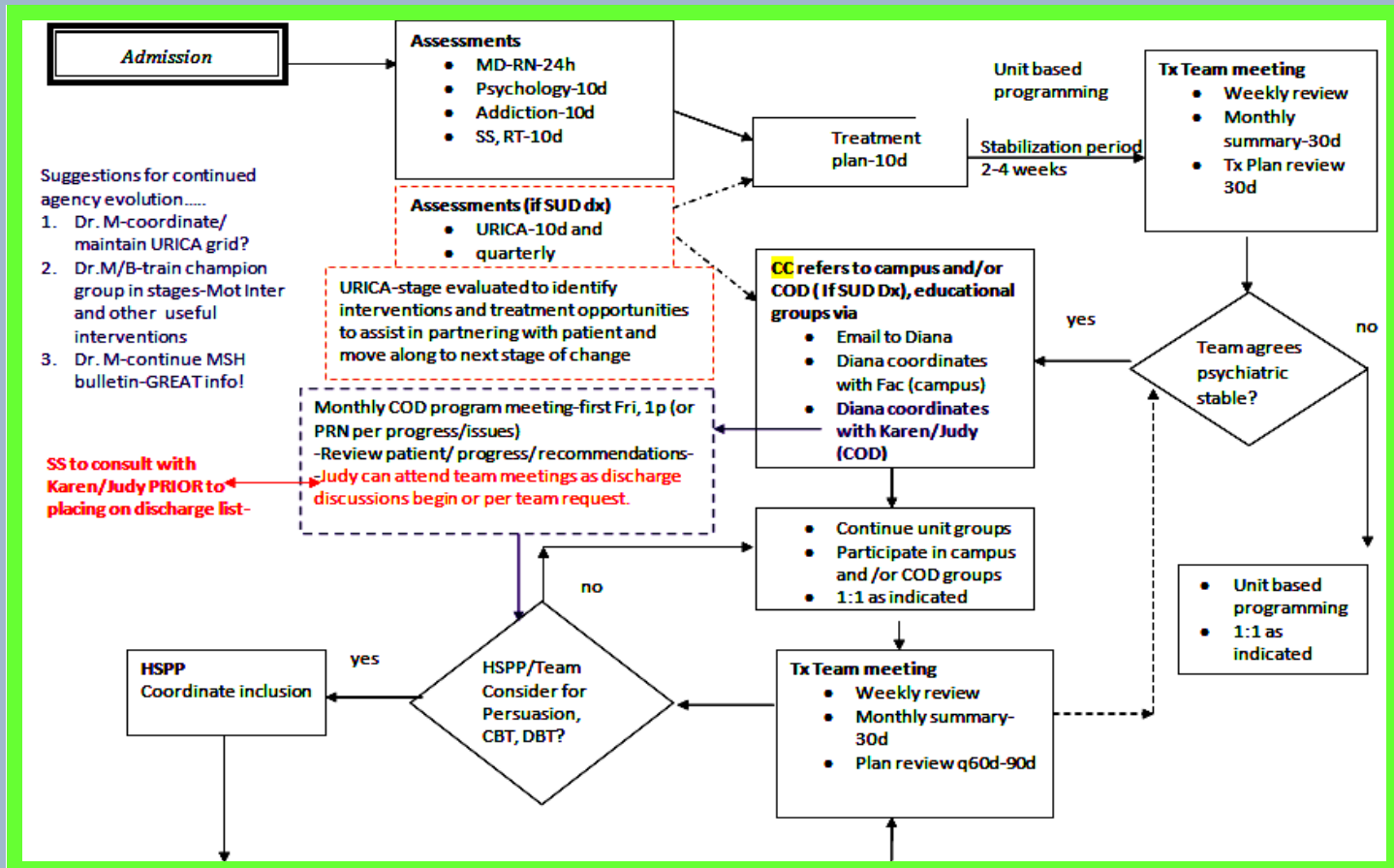
Please see the next page for:



Co-Occurring Disorders Flowchart



Steps for Referral to the Psycho-Educational Groups



## STEPS FOR REFERRAL TO THE PSYCHO-EDUCATIONAL GROUPS:

1. Case Coordinator will email Diana Keith that patient is stable and ready for referral to the psycho-educational groups and has a co-occurring diagnosis.
2. Diana Keith will coordinate with the CCs and facilitators regarding the availability and placement into campus groups.
3. Diana Keith will notify Karen Friedersdorf/Judy Boley of any patients being referred for inclusion in the co-occurring *educational* programming and CCs/Treatment Teams will be notified of group placement.
4. Facilitators of the Co-occurring Groups will provide written notes per the campus group note format. Treatment Teams can also contact Judy Boley via email to request that she attend a team meeting to discuss patient's progress.
5. As the patient progresses, the HSPP/Treatment Team may consider referral to the therapy based groups through the Psychology Department such as Persuasion, CBT, and DBT and this can be completed through the current identified process of coordination by the Treatment Team's HSPP.
6. Unit programming and/or individual therapy may be available to patients who are too unstable to attend off-unit programming.
7. It is our goal for patients to have a Recovery Plan in place prior to their discharge; therefore, as the treatment team begins to discuss a patient's readiness for discharge, the Social Service Specialist for the team is to notify Karen Friedersdorf or Judy Boley in order to begin this process.

## Dr. Pamela Guthrie, MSH Staff Psychologist

### DBT SKILL: Brain Balancing

When you feel tense or anxious, follow these steps:

#### **Part 1:**

- Sit still and take several deep breaths.
- Relax your face and mouth.
- Relax your neck and shoulders
- Take 2 or 3 more deep breaths.
- Relax your muscles all the way down your body, noticing how the chair supports you so that all you need to do is relax and breathe deeply.
- When you are relaxed, balance your brain by doing the steps below.

#### **Part 2:**

- Stare straight ahead with your eyes wide open.
- Close your eyes.
- Open your eyes, and without moving your head, neck, or shoulders,
  1. Look up at the ceiling
  2. Look down at the floor
  3. Look all the way to the left
  4. Look all the way to the right
  5. Make a clockwise-circle with your eyes
  6. Make a counter-clockwise circle with your eyes
  7. Hum a song
  8. Count to 5

Check-in with yourself. Do you feel any differently than before?





# Alcohol Awareness Month

## WHAT'S IN YOUR POISON?

Alcohol may increase  
the risk of heart  
disease, cancer,  
liver cirrhosis,  
and may increase  
the risk of hemorrhagic  
stroke.

**DANGER**



**POISON**

## Joint Commission Readiness

Mitzi Lawson, Director of Quality Assurance

### All Treatment Teams!

Please, assure all treatment plans include these requirements no later than 7/1/16.

## Revision to Requirement for Psychiatric Hospitals That Use Joint Commission Accreditation for Deemed-Status Purposes



Official Publication of Joint Commission Requirements

### Revision to Requirement for Deemed-Status Psychiatric Hospitals

APPLICABLE TO DEEMED-STATUS PSYCHIATRIC HOSPITALS

**Effective April 4, 2016**

**Provision of Care, Treatment, and Services (PC)**

#### **Standard PC.01.03.01**

The hospital plans the patient's care.

#### **Element of Performance for PC.01.03.01**

**C 6. For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes:**

The written plan of care includes the following: ①

- A substantiated diagnosis (The substantiated di-

agnosis is the diagnosis identified by the treatment team to be the primary focus upon which treatment planning will be based. It evolves from the synthesis of data from various disciplines. The substantiated diagnosis may be the same as the initial diagnosis or it may differ, based on new information and assessment.)

- Documentation to justify the diagnosis and the treatment and rehabilitation activities carried out
- Documentation that demonstrates all active therapeutic efforts are included
- The specific treatment modalities used to treat the patient

# Nursing Staff Reminders

From the Desk of the  
Nursing Director



**Debbie  
Woodfill**

## Hours of Duty

*Night Shift:* 12:00 am to 8:15 am

*Day Shift:* 8:00 am to 4:15 pm

*Evening Shift:* 4:00 pm to 12:15 am

If you clock out before the proper  
**15 minute mark, you have left your  
assignment too early.**



Meal breaks are **45 minutes** in length and should be  
completed by the designated time frames.

**Night Shift: 6:00 am**

**Day Shift: 2:00 pm**

**Evening Shift: 10:00 pm**

**15 minute breaks are paid breaks meant to be used  
on or near your assigned unit.**



**This break is not to be used as a  
SMOKING/TOBACCO break.**



**Leaving the building during your  
15 minute break is not allowed.**





With the recent rise in computer virus attacks, your IT Team wanted to send a reminder that:

**It is against policy to check your personal e-mail (Webmail, Gmail, Hotmail, etc.) from your state-issued PC.**

These web-based e-mail systems could circumvent many of

our security features and allow **viruses** or **malware** into our systems. If you have any questions regarding this, please contact the hospital IT Helpdesk by calling 7245. Thank You!

# BORDER BATTLE STEP CHALLENGE



Registration opens April 15

**Beat Kentucky! Challenge starts May 1**

Get your battle gear on and let the contest begin! Sign up on April 15 for the **Border Battle** - a step challenge with only two teams: **The State of Indiana's Health Plan** and **The Kentucky Employees' Health Plan**.

You can earn up to **100 Vitality Points** just for joining and can also earn hundreds of Vitality Points throughout the challenge as you track steps. Plus, special prizes are awarded throughout the May challenge.

**Step 1:** Get and synchronize a fitness tracking device.

**Step 2:** Join Indiana's team in HumanaVitality.

**Step 3:** Get stepping May 1!

Get help in choosing and syncing a device and joining a team at:  
[InvestInYourHealthIndiana.com](http://InvestInYourHealthIndiana.com).



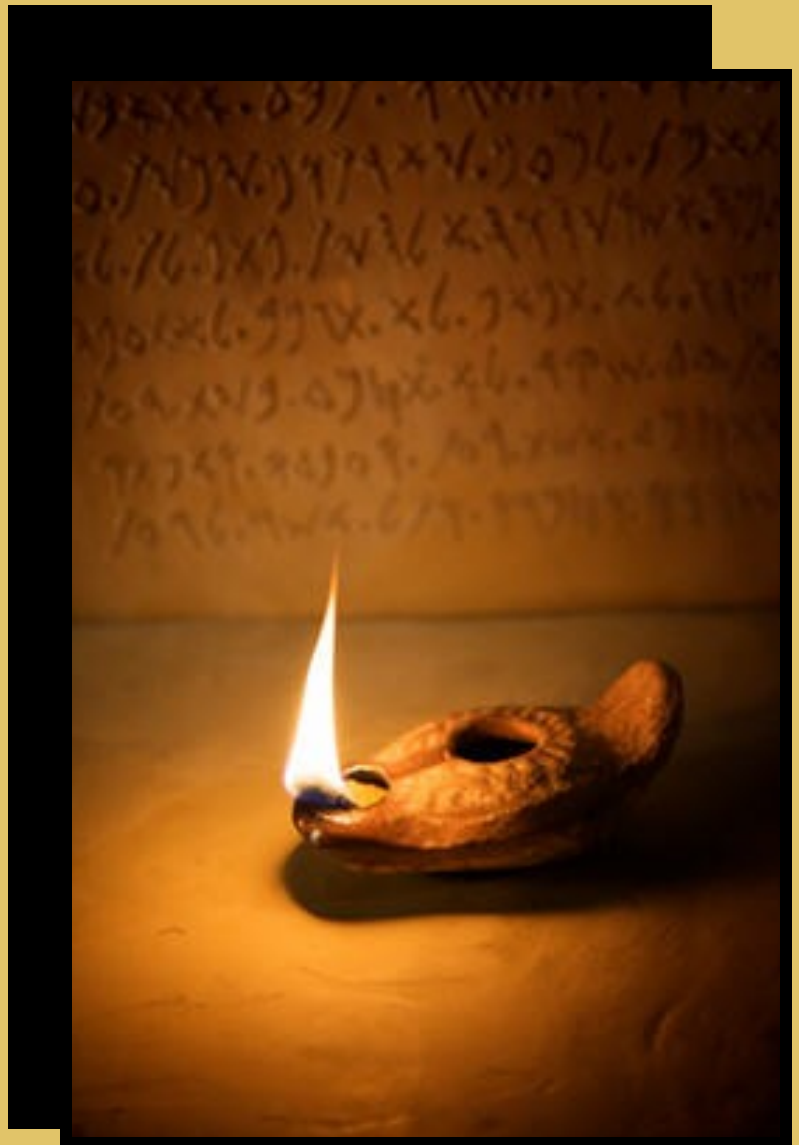


# *The Chaplain's Pen*

MSH Chaplain, Howie Cutshall, M.A.

"You are the light of the world. A city that is set on a hill cannot be hidden. Nor do they light a lamp and put it under a basket, but on a lampstand, and it gives light to all who are in the house. Let your light so shine before men, that they may see your good works and glorify your Father in heaven."

Matthew 5:14-16



hello  
April




Heather Stillborn







# Spring Under Glass



Even in cool weather you can have a beautiful mini-garden on display. A cup of tea is a lovely way to spend an afternoon, but perhaps you have stray teacups begging to be used. Fill a round tray with spring moss and tuck pink primroses neatly into a flowery teacup with a glass cloche. Get the tutorial at [Cottage at the Crossroads](#).







**The Indiana  
Tobacco Quitline**  
is an evidence-  
based  
intervention

**The Indiana Tobacco  
Quitline 1-800-QUIT-  
NOW (800-784-8669)**  
is a free phone-based  
counseling service that  
helps Indiana tobacco  
users quit.

Funded by the Indiana Tobacco Prevention and Cessation Agency, the **Indiana Tobacco Quitline** offers experienced professional Quit Coaches® trained in cognitive behavioral therapy.

Health care providers and employers who utilize the Quitline's fax referral system experience a quick and efficient way to refer their patients and employees for help with quitting tobacco. The fax referral system provides:

- Intensive counseling options often not feasible in a busy clinic environment or available at a worksite
- A brief, easy to use form
- An initial call made by the Quit Coach™ instead of the tobacco user



# **Strawberry Lemon Mint Water**



**Makes 2 Liters**

- 1 lemon, thinly sliced
- 15 strawberries quartered
- 5 mint leaves
- 2 cups of ice
- Water



In a large pitcher, add the lemon and strawberries.

Over the pitcher squeeze and slightly twist the mint. Do not tear mint leaves apart. You only want to gently release the oils, then add the mint leaves to the fruit. Top with ice and water. Let the pitcher sit in the fridge for 1 hour before serving.

# Healthy Servings: A Visual Guide to Portion Sizes

By Tracy Morris



Do you realize how much you're putting on your plate? You may think you have a handle on your portions, but it turns out people tend to underestimate how much they eat by as much as 25%. If you're aiming for 2000 calories per day, that means you might be off by 500 calories, which could be the difference between losing or gaining a pound a week!

Most healthy eaters realize keeping an eye on portion sizes is an easy way, at a glance, to stay on track with weight goals. Still, it can be tricky. Part of the confusion is between serving size and portion size. They sound like the same thing, but generally there's a big difference.

A serving size is a measured amount of food—1 cup, 1 slice, 1 teaspoon, etc. It's the amount you'll see on a food label, and it's what the USDA uses in the Healthy Eating Guidelines and daily recommendations. Food label serving sizes are determined by the manufacturer, so they might not match the dietary guidelines. It's a good idea to stick to what the guidelines say.

A portion size is the amount of food or drink you consume in one sitting. It could be a large amount or a small amount; exactly one serving size, like a slice of bread, or several times that, like a bottle of fruit smoothie that says it contains two servings. (Who doesn't guzzle the entire bottle in one go?)

Portion sizes have grown significantly over the years, placing value-for-money ahead of nutrition, and distorting the perception of how much one should actually be eating. Pop into your local movie theater and order a small soda and popcorn (delivering a total of 600 calories!), and it's all too clear. But from breakfast to dinner, healthy foods to treats, portion distortion can be overcome. Here are six common measuring mistakes, with some fun and easy references to keep them in check.

(Continued on next page).



(Continued)



**Granola: 1 serving =  $\frac{1}{4}$  cup (1 oz/30 g), about the size of an egg | 140 calories**

**What to avoid: 1 full bowl (5 oz/155 g) | 700 calories**

**A 2000 calorie diet includes 6 servings of grains per day.**

**Can be spread throughout the day, so 2 servings at breakfast would be fine.**



**Mixed nuts: 1 serving = small handful (1 oz/30 g), about the size of a golf ball | 160 calories**

**What to avoid: large overflowing handful (3 oz/90 g) | 480 calories**

**A 2000 calorie diet can include 1 serving of nuts five days a week.**



**Colby cheese: 1 serving =  $1\frac{1}{2}$  oz (45 g), about the size of two 9V batteries | 165 calories**

**What to avoid: 4 thick slices (3 oz/90 g) | 330 calories**

**A 2000 calorie diet includes 3 servings of fat-free or low-fat dairy per day.**



**Cooked pasta: 1 serving =  $\frac{1}{2}$  cup (1 oz/30 g), about the size of a tennis ball | 120 calories**

**What to avoid: 4 cups (8 oz/250 g) | 960 calories**

**A 2000 calorie diet includes 6 servings of grains per day.**

**Can be spread throughout the day, so 2 servings at dinner would be fine.**



(Continued)



**Mixed greens: 1 serving = 2 cups (2 oz/60 g) leafy greens, about the size of 2 baseballs | 15 calories**

**What to avoid: ½ cup (½ oz/15 g) | 4 calories**

**A 2000 calorie diet includes 2½ servings of vegetables per day.**



**Orange juice: 1 serving = 1 cup (8 fl oz/250 ml), about the size of a baseball | 110 calories**

**What to avoid: 1 large glass (16 fl oz/500 ml) | 220 calories**

**A 2000 calorie diet includes 2 servings of fruit per day.**



**Vanilla ice cream: 1 serving = 2 small scoops (2½ oz/75 g), about the size of 2 golf balls  
155 calories**

**What to avoid: 4 large scoops | 390 calories**

**A 2000 calorie diet allows up to 270 calories per day from treat foods.**